



Incident Report

Print Date/Time: 04/19/2016 09:14

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00007077

Incident Date/Time: 4/15/2016 2:00:00 PM
Location: 2925 117TH AVE NE
LAKE STEVENS WA 98258
Phone Number: (206) 321-5694
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0075-Christensen
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	CODY					
1	Witness	FRIEDRICH, KODY ANN	2812 117TH AVE NE LAKE STEVENS WA 98258	(425) 377-1877	White	Female	01/01/1978

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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04/15/2016 : 14:12:03 sp0204 Narrative: 1 RED 1 YELLOW

04/15/2016 : 14:08:27 sp0204 Narrative: 1 RED PT

04/15/2016 : 14:06:21 sp0204 Narrative: 1 MALE NO LONGER UNDER TRUCK INVEST

**04/15/2016 : 14:01:04 sp0204 Narrative: TRUCK ROLLED OFF JACK, MALE STILL UNDERNEATH, MALE IS CONC,
BREATHING**



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-00007077VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>Friedrich Kody Ann</u>		RACE <u>W</u>	ETHNICITY	SEX <u>F</u>	D.O.B. <u>1-1-78</u>	AGE <u>38</u>	HGT <u>5'6</u>	WGT <u>170</u>	HAIR <u>Bm</u>	EYES <u>Grn</u>
STREET ADDRESS <u>2812 117th Ave NE</u>				CITY <u>Lk Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		
HOME PHONE		CELL PHONE <u>206-321 5694</u>			WORK PHONE <u>425-999-8170 x4</u>					
EMAIL ADDRESS (OPTIONAL) <u>Kody@Sameiderlaw.com</u>					PLACE OF EMPLOYMENT <u>Law Ofc Sam Elder</u>					
STATEMENT:										
<p>I came around the corner at 30th & 117th and heard a loud noise, then a metallic dragging. Observed a maroon ford truck rolling out of the dw at 2925 117th Ave. James (?) & Charlie Richmeyer were trapped underneath. I called 911 and told the men to stay put. James went inside and got laundry to put on Charlie's head wound. Charlie pulled himself out of the truck. I locked the front door knob and closed the garage door.</p>										
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT										
SIGNATURE: <u>Kody Friedrich</u>						DATE SIGNED: <u>4-15-16</u>				
OFFICER/NUMBER: <u>C. Christ #75</u>						DATE SIGNED: <u>4/15/16</u>				

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

16-00007077, 041516 COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E534596**CASE # **16-00007077**LOCAL AGENCY
CODING **0664**TOTAL # OF
UNITS **03** OBJECT
STRUCK **PERSON**TRIBAL
RESERVATIONDATE OF COLLISION **04** - **15** - **2016** TIME (2400) **1400** COUNTY # **31** MILES **0** CITY # **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
117TH AVE NE BLOCK NO. ☒ **2925**
MILE POST ☐DISTANCE **35** **00** MILES ☒ N ☒ E ☐ OF ☒ **29TH PL NE**
FEET ☒ S ☐ W ☐UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONELAST NAME **UNKNOWN** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. MMDDYYYY - -ON DUTY ☐ STATUS AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIESLICENSE PLATE # **B56711X** STATE **WA** VIN# **1FTDF18W9VKA68551**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1997** MAKE **FORD** MODEL **F150** STYLE VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☒ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONELAST NAME **NIETHAMER** FIRST NAME **CHARLIE** MIDDLE INITIAL **R**STREET NEW ADDRESS **433 HAROLD PL**CITY **CAMANO ISLAND** ST **WA** ZIP **98282**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **M** D.O.B. MMDDYYYY **07** - **14** - **1951**ON DUTY ☐ STATUS **0** AIRBAG RESTR. EJECT HELMET USE INJURY CLASS **5** NATURE OF INJURIES **HEAD INJURY**

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **C. CHRISTENSEN** BADGE OR ID # **0075** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E534596**CASE # **16-00007077**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		FRIEDRICH KODY W													
ADDRESS & PHONE # 2812 11TH AVE NE LAKE STEVENS WA 98258 2063215694										SEX F	D.O.B. MMDDYYYY 01	-	01	-	1978
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was parked on a slopted driveway at 2925 117th Ave NE without the emergency brake on. P1 and P2 were underneath the vehicle removing the driveline to tow the vehicle to another location. Upon removing the driveline the vehicle started to roll backwards trapping P1 and P2 and dragging the two men about 20 feet. P1 and P2 were both transported to the hospital for injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN
04-16-16 09:13 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

4/16/2016 5:51:28 PM

BADGE OR ID #

0075

ORI #

WA0311900

TIME POLICE DISPATCHED

2:00 PM

TIME POLICE ARRIVED

2:06 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E534596
CASE # 16-00007077
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS
UNIT #

3

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐☒PROPERTY OWNER ☐

DAMAGE THRESHOLD MET

PHONE

LAST NAME

NIETHAMER

FIRST NAME

JAMES

MIDDLE INITIAL

D

STREET NEW ADDRESS

2925 117TH AVE NE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

M

D.O.B. MMDDYYYY

12

-

14

-

1975

ON DUTY ☐

STATUS

0

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

7

NATURE OF INJURIES

COMPLAINED OF NECK AND BACK PAIN

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALITY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


 FROM TO
3 7

UNIT #

3

MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐☒PROPERTY OWNER ☐

DAMAGE THRESHOLD MET

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

-

-

ON DUTY ☐

STATUS

0

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALITY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


 FROM TO
3 7

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

04-16-16 09:13 AM

DATED:

PLACE SIGNED

BADGE OR ID #

0075

ORI #

WA0311900

APPROVED BY

BROOKS

DATE

4/16/2016

PAGE

3

OF

4

REPORT NO. E534596

CASE # 16-00007077

DATE AND TIME
OF COLLISION 04/15/16 14:00

